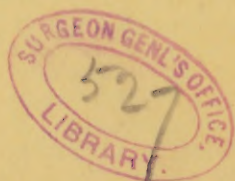


Wolff (L.)

The value of the antitoxin
treatment + + +



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**THE VALUE OF THE ANTITOXIN-TREATMENT
ILLUSTRATED BY TWO CASES OF
DIPHTHERIA.**

BY L. WOLFF, M.D.,

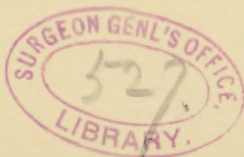
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ON January 12, 1895, I was called to see two of the children of A. S. They were respectively a boy of seven years and a girl of two years and eight months. They had both been previously in good health, although I had treated the boy for scarlatina some years ago. On examination I found the boy had tonsillar diphtheria, and in the girl the diphtheric deposits could be seen on both tonsils, the arches of the fauces, and the uvula.

With an improvised sterilized mop I detached some of the deposit from each of the two and inoculated two culture-tubes that had been prepared at the Bacteriological Laboratory of the German Hospital. Microscopic examination, in twenty-four hours, of the stained culture showed Klebs-Loeffler bacilli in great profusion.

The boy, who was able to do so, was ordered to gargle with a diluted solution of liquor sodæ chloratæ 1 : 60, alternately with a spray of hydrogen dioxid, every hour, together with calomel internally, 3 centigrams, every three hours. Milk and whisky were also ordered.

The girl, who could not gargle, was treated locally with the hydrogen dioxid spray alone and centigram-doses of calomel. Through the courtesy of the German Hospital authorities I was able to procure one bottle of



Behring's antitoxin No. 1, which had been personally brought to this country by Mr. Charles Meyer, Imperial German Consul in this city. This was injected in one dose into the little girl, and the calomel-treatment was stopped. The same day laryngeal stenosis developed in her case, and with the aid of my friend Dr. Rosenthal intubation was performed. The visible deposits in the throat seemed to have diminished the following day, and had entirely disappeared three days subsequently. The tube was removed after forty-eight hours, and the little child made an uninterrupted recovery.

The boy's case seemed to have progressed favorably for the first two or three days, when reinfection occurred, and spreading of the deposit all over the arches and uvula was noticed. Not being able to obtain any more antitoxin at the time, the original treatment in his case was adhered to, stimulants were vigorously pushed and strychnin was added, but in spite of our efforts the child died from general toxemia on the tenth day.

I publish these cases as an illustration of the value of the antitoxin. The younger child was the more seriously affected from the start, and recovered. It might readily be inferred that the older and stronger of the two, with a milder infection, would have survived could the antitoxin have been used in his case also.¹

¹ No post-diphtheric paralysis has shown itself in the girl at the date of writing.

